



State of Tennessee Department of Children's Services

Administrative Policies and Procedures: 20.36

Subject: Health Services in DCS Community Residential Facilities (Group Homes)

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Local policy: No
Local procedures: Yes
Requires Training: Yes

Approved by:

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Application

To All Department of Children's Services Superintendents, Community Residential Facilities Employees, Youth Development Center Health Services and Youth Classification Employees

Authority: TCA 37-5-106

Policy

DCS community residential facilities shall ensure access for an appropriate range of health services for youth under their care that is consistent with a "home-like" environment and adequate to meet each youth's needs.

Procedures

A. Responsible health authority

1. Overall health authority

The central office health services coordinator serves as the overall health authority regarding general and policy issues related to the delivery of health services.

2. Coordination of services

The DCS community residential facilities supervisor or designee shall be the responsible liaison for health services and must serve as a coordinator of services with the responsible physician, dentist, hospital, etc.

**B. Unimpeded
access to care**

1. Resources

- a) Community residential facility supervisors will use written agreements or contractual arrangements with community health care resources, to provide health services (routine, emergency, dental, etc) for youth residing in community residential facilities.
- b) For youth enrolled in TennCare, the youth's Managed Care Organization (MCO) for medical services, and Behavioral Health Organization (BHO) for behavioral services must be utilized.

2. Information regarding health services

The employee conducting a youth's initial health screening must inform the youth about how to receive health services while in the community residential facility, such as contacting the employees on duty. The program handbook must also outline access to health care.

3. Referral for appointments

If an employee determines that the youth's complaint is more serious than can be dealt with at the time, he or she must notify the community residential facility supervisor or his or her designee, who then must coordinate the necessary medical or dental appointments.

4. Hospitalization

If a youth requires extended hospitalization, the community residential facility supervisor must evaluate the appropriateness of a home pass for medical reasons.

5. Expenses

- a) TennCare covers medical expenses for DCS community residential facilities youth, if the youth is enrolled in TennCare.
- b) For non-TennCare youth, medical expenses are paid by the Department of Children's Services and the medical services form for certain non-TennCare eligible youth must be completed and sent to address listed on the form.

6. Early Periodic Screening, Diagnostic and Treatment (EPSDT)

The DCS community residential facilities shall work with a youth's MCO and BHO to insure that the youth receives any and all EPSDT services as needed.

C. Personnel

All health care providers used by the DCS community residential facilities must meet the appropriate educational, licensure, and/or certification criteria as required by state law and specified by their respective professional disciplines. Verification of current credentials must be available.

D. Mental health services

1. Limited services available

DCS community residential facilities may make medically necessary mental health services available to youth of DCS community residential facilities. For youth enrolled in TennCare, services will be accessed through the youth's Behavioral Health Organization (BHO). For non-TennCare youth, mental health services will be accessed through the appropriate community mental health providers.

2. Crisis or acute care

Employees must refer youth requiring crisis intervention and/or other acute mental health care to an appropriate facility for emergency intervention. *See DCS Policy Chapter 19.*

F. Health-trained employees

The DCS community residential facilities supervisor or designee is the responsible liaison for health services and must coordinate services with the responsible physician, dentist, hospital, etc. The central office health services coordinator will ensure that training is provided to the appropriate facility employees.

G. Informed consent

1. General parental consent to medical treatment

The community residential facilities supervisor must ensure that form CS-0206, *Informed Consent To Routine Health Services For Minors* from each youth's parent, guardian, or committing authority is on file. Employees must keep a copy in the health record.

2. Consent for emergency services

Employees must request the consent of the parent or guardian for emergency medical treatment, if available. If urgent medical care is needed, the supervisor/designee may authorize treatment.

H. Health screening and examination

1. Screening at admission

a) At the time of a youth's initial admission to the

community residential facility (CRF), an employee designated by the CRF supervisor must conduct a structured interview about the youth's current health status, using form CS-0301, *DCS Community Residential Facilities Health Screening*.

- b) The CRF supervisor must ensure that all employees designated to conduct an admission health screening are trained in the use of the form.

2. Screening procedure

The screening must include:

a) Inquiry into:

- ◆ Current illness and health problems, including venereal diseases and other infectious diseases
- ◆ Dental problems
- ◆ Mental health problems
- ◆ Use of alcohol and other drugs, which includes types of drugs used, mode of use, amounts used, frequency of use, date or time of last use, and a history of problems that may have occurred after ceasing use (e.g., convulsions)
- ◆ Past and present treatment of hospitalization for mental disturbance or suicide
- ◆ Other health problems designated by the responsible physician

b) Observation of:

- ◆ Behavior, which includes state of consciousness, mental status, appearance, conduct, tremors, and sweating
- ◆ Body deformities, ease of movement, etc.
- ◆ Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, and needle marks or other indications of drug abuse

3. Medical information shared from screening

If the youth has any specific medical problems or special health-related need, employees may share this information from the screening among themselves, but the information must be otherwise kept confidential so as to protect the youth's privacy.

4. Documentation of screening

Employees must place the completed form CS-0301, *DCS Community Residential Facility Health Screening*, in the

youth's health record.

5. Physical exams

- a) If a youth is admitted to a community residential facility from a community setting, he or she must undergo a routine physical examination within 14 days of admission, unless there is documentation of an adequate physical examination within the last six months. The physical examination must include requirements of the Early, Periodic Screening, Diagnostic, And Treatment (EPSDT) health screening.

6. Employees conducting the exam

The physical examination must be conducted by a physician's assistant-clinician, family nurse-clinician, nurse practitioner, or licensed medical doctor or doctor of osteopathy.

7. Contents of exam

- a) Additionally, the collection and recording of physical exams must ensure that the:
 - ◆ Process is completed in a uniform manner as determined by the health authority;
 - ◆ Health history and vital signs are collected by health-trained or qualified health personnel during the physical examination
 - ◆ Review of the results of the medical examinations, tests, and identification of problems is performed by a physician
 - ◆ Collection of all other health appraisal data is performed only by qualified health personnel
- b) The medical professional performing the physical examination must record the presence or absence of conditions or abnormalities, including the following, at a minimum:
 - ◆ A comprehensive health and development history, including immunizations and determination of communicable diseases
 - ◆ Vital physiological measurements including height, weight, temperature, pulse, respiration, and blood pressure
 - ◆ A breast examination for females
 - ◆ Laboratory screening tests, including hemoglobin, and cholesterol
 - ◆ Urinalysis

- ◆ Serology for syphilis
- ◆ Culture for gonorrhea (female-endocervical)
- ◆ Pregnancy test for females
- ◆ Pap smear for females, and
- ◆ A diagnostic test for tuberculosis (PPD).
- ◆ Additional diagnostic procedures for consultation may be ordered, as necessary.

8. Review of exam results

The physician or his/her nurse practitioner or physician's assistant, must review the results of the health history, physiological assessment, and lab and diagnostic tests and refer the youth as appropriate for any further diagnostic or treatment services.

9. Immunizations

Health care providers must update the youth's immunization status in accordance with recommendations of the Tennessee Department of Health.

10. Documentation of exam

The examining health professional must give a copy of the physical examination to the community residential facility where employees must maintain it confidentially in the youth's DCS community residential facilities health record. Documentation of the date of such exam shall be forwarded to the CORS data entry employees to be entered into the EPSDT tracking fields in CORS. When the TN Kids data system is implemented, the appropriate employees shall enter this information into the EPSDT tracking fields in TN Kids.

11. Exam of youth transferring from a youth development center

- a) If a youth is being transferred to a community residential facility from a youth development center, the youth must undergo a physical examination at the sending facility prior to transfer.
- b) Employees must then forward form CS-0100 *Health History/Report of Physical Examination*, and the most recent *Dental Record*, form CS-0120, to the receiving community residential facility.

12. Exemption from exam

- a) If a physical examination has been conducted within the last six months, either in a youth development center or in the community, it is not necessary to repeat it.

- b) In either case, employees must secure the most recent documentation of the exam and maintain it in the youth's confidential health record.

I. Pharmaceuticals

1. Compliance to laws and standards

DCS community residential facilities must ensure compliance with state and federal laws and with standards of practice regarding storage and distribution of pharmaceuticals.

2. Single-dose administration

- a) Only medically trained employees shall distribute medications.
- b) Employees must not distribute more than one dose of a medication at a time, whether over-the-counter or prescription medications (including controlled drugs and psychotropics).
- c) Employees must notify the appropriate physician for further instructions on "make up" dosages when a dose of the prescription medicine is missed.

3. Administration of prescribed medications

Prescribed medications, including controlled drugs and psychotropics, must be distributed only by trained community residential facility employees and only according to the physician's orders and the manufacturer's printed directions.

4. Documentation

- a) Employees must enter full documentation of all medications (prescription or over-the-counter) on form CS-0593, *Community Residential Facility Medication Distribution Record*.
- b) Employees must maintain the confidentiality of form CS-0593, *Community Residential Facility Medication Distribution Record* in each youth's community residential facilities health record.
- c) The medication documentation must include:
 - ◆ The youth's name
 - ◆ Date of birth
 - ◆ Allergies
 - ◆ Location of community residential facility
 - ◆ Month and date (daily)

- ◆ Time the medication is distributed
 - ◆ Medication name
 - ◆ Dosage
 - ◆ Instructions
 - ◆ Physician or dentist prescribing the medication, and
 - ◆ Current count of each medication
- d) Employees must document in the comment section the amount, date and time a medication was initially charted or refilled to ensure an accurate count. The CRF supervisor or designee must physically count the medications and ensure that it matches the documentation on form CS-0593, *Community Residential Facility Medication Distribution Record*.
- e) The signature of the reviewer and CRF supervisor documents an accurate account. If a discrepancy is found, the CRF supervisor must document the discovery and investigation.

5. Security

- a) Employees must securely maintain all medication (prescription and over-the-counter) under double locks in an area away from youth.
- b) Access to secured medication and supplies must be limited to employees only.
- c) Medications must be separated by route of administration, i.e., separate otic, ophthalmic, oral, topical, etc.

6. Pharmacy resources

- a) For TennCare youth, pharmacy services must be provided through the MCO and/or BHO.
- b) For non-TennCare youth, pharmacy services for DCS community residential facilities will be provided by a local community pharmacy.

7. Verification of prescriptions at placement

- a) Medications brought from home will be placed in locked area until they can be taken home by a parent/guardian, or until release of student.
- b) The community residential facility supervisor or designee will then notify youth's doctor (MCO, BHO) for new prescription if needed.

8. Continuation of prescription at transfer

- a) If the youth is being transferred from a youth

development center and is on medication(s), a 30-day supply or the amount necessary to complete the current course of therapy must accompany the youth upon transfer to ensure continuity of care.

- b) Plans must be made in advance for a youth's transfer to a community residential facility so that a signed physician's order and medication(s) can be obtained.
- c) Employees at the transferring youth development center must ensure the delivery of the transferring medication(s) to a member of the DCS community residential facility employees to ensure that the medication is distributed appropriately.

J. Dental screening and examination

1. Dental resource

- a) Each community residential facility supervisor must secure a letter of agreement with a local dental clinic or dentist to provide routine and emergency dental care.
- b) For TennCare youth, dental care must be accessed through the MCO.

2. Referral from screening

- a) If a youth is determined to have an immediate dental complaint during the admission health screening, employees must initiate an appointment with a dentist for appropriate treatment.
- b) The dentist must refer youth requiring specialized dental services to an appropriate specialist. For TennCare youth, the dentist may work with the MCO as may be required, to make such referrals.

3. Dental exam

Each youth must receive a complete dental examination after receipt of a TennCare card (if applicable) unless there is documentation of an examination within the last six months. Youth must receive a yearly exam while in the department's custody.

4. Follow-up care

Follow-up dental care must be based on the dentist's assessment of the exam.

5. Orthodontic services

For non-TennCare youth, generally a youth's parent or guardian is responsible for the cost of orthodontic services.

- a) For TennCare youth, medically necessary orthodontic services may be pursued through the MCO.

- b) In medically indicated situations, employees must contact the health services coordinator for instructions to obtain orthodontic services.

K. Emergency health care

1. Employees trained in CPR and first aid

- a) Community residential facilities supervisors must ensure that each DCS community residential facilities employee except clerical employees is trained in the administration of first aid and CPR.
- b) Both CPR and first-aid certification must be kept current through periodic re-certification. Employees must obtain cards that state their certifications and the expiration dates. Copies of these cards must be kept in their training file.

2. Four-minute response time

- ◆ Direct care employees must be trained to respond to health-related situations within a four-minute response time. A training program must be established by the health services coordinator that includes the following:
- ◆ Recognition of signs and symptoms and knowledge of action required in potential emergency situations
- administration of first aid and cardiopulmonary resuscitation (CPR).
- ◆ Administration of first aid and cardiopulmonary resuscitation (CPR) and current certification.
- ◆ Methods of obtaining assistance.
- ◆ Signs and symptoms of mental illness, retardation, and chemical dependency.
- ◆ Procedures for patient transfers to appropriate medical facilities or health care providers.

3. Emergency resources

- a) The community residential facilities supervisor must secure a letter of agreement or contract with a licensed hospital, clinic, or physician to provide 24-hour emergency medical services and hospitalization.
- b) The supervisor must develop a written procedure for emergency medical dental and mental health care availability including the following:
 - ◆ On-site emergency first aid and crisis intervention
 - ◆ Emergency evacuation of youth from the facility
 - ◆ Use of an emergency medical vehicle

- ◆ Use of one or more designated hospital emergency rooms or other appropriate health facilities
- ◆ Emergency on-call physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community
- ◆ Security procedures providing for the immediate transfer of juveniles, when appropriate
- ◆ Immediate care for persons injured in an accident

L. First aid**1. Number and location of kits**

Community residential facilities employees must maintain a minimum of two first-aid kits that are approved by a recognized health authority.

- ◆ These kits must be strategically placed for ready access, based upon need.
- ◆ There must be one kit in the vehicle at all times when transporting youth.

2. Contents of kits

a) Each kit must contain, at a minimum, the following:

- ◆ Band-aids
- ◆ Sterile non-stick pads
- ◆ Adhesive tape
- ◆ Antibiotic ointment

b) Kits may be ordered or pre-stocked on State of Tennessee contract, or facilities may choose to “make up” their own based on the requirements of section K. 2.

3. Secure first-aid supplies

In addition to the first-aid items available in the various kits, employees must securely maintain several types of supplies and over the counter medications and must make them inaccessible to youth without employee assistance. These items must include, at a minimum:

- ◆ Sterile flexible gauze rolls
- ◆ Butterfly closure strips
- ◆ Sterile eye pads
- ◆ Scissors
- ◆ Tweezers
- ◆ Nail clippers—small (fingernail)

- ◆ Nail clippers—large (toenail)
- ◆ Triangle bandage with two pins (arm slings)
- ◆ Burn ointment
- ◆ Insect sting relief
- ◆ Ammonia inhalants

4. Inventory of first-aid supplies

- a) Employees must maintain an inventory list for each kit and maintain documentation of approval, usage, and restocking.
- b) Employees must restock the kits periodically with supplies, as required by usage.

M. Chronic and convalescent care

1. Chronic care and convalescent care are provided to youth of the facility when medically indicated.
2. Community residential facilities supervisors may deem youth with the following special needs or health-related conditions not compatible with a DCS community residential facilities setting because of the advanced level of health or medical expertise necessary to properly care for the them:
 - ◆ Youth requiring frequent access to specialty physician care or other specialty services not readily available in a DCS community residential facilities setting (e.g., dialysis, etc.)
 - ◆ Youth requiring access to 24-hour housing or infirmity services
 - ◆ Youth on extensive or complicated medications requiring frequent monitoring
 - ◆ Youth currently housed at youth development centers who are in the midst of a specific treatment regimen or are awaiting a referred specialty appointment for particular health care needs, including dental prosthetics or other prosthetic appliances.

3. Change of placement

If, after a youth's arrival at a community residential facility, the community residential facility supervisor finds that the home's facilities and services are inadequate to provide the necessary level of health care, he or she must contact the director of community residential facilities and the health services coordinator to discuss a more appropriate placement for youth.

N. Prostheses Medical and dental prosthesis are provided when the health of the youth would otherwise be adversely affected, as determined by the responsible physician.

O. Health education Employees must instruct youth in personal hygiene, grooming, and self-care for minor health care needs, as appropriate.

P. Serious and infectious diseases

- 1. Referral for communicable disease**
Employees must refer any youth or employee suspected of having a communicable disease to the appropriate health care provider for evaluation and follow-up. See DCS Policy 20.19, *Communicable Disease*.

- 2. Tuberculosis control**
A PPD (tuberculin skin test) must be administered to youth in conjunction with the initial physical.

- 3. Bloodborne pathogens**
HBV, HIV, and other bloodborne pathogens must be managed as outlined in DCS policy 20.22 *AIDS Education, Prevention and Case Management*.

Q. Management of chemical dependency

- 1. Monitoring**
The facility may utilize methods for monitoring alcohol and drug abuse among youth that are approved by the health services coordinator and are consistent with program needs.
- 2. Surveillance procedures**
See DCS policy 18.10 *Substance Abuse Screening For Youth in Youth Development Centers and DCS Community Residential Facilities* for guidelines.

R. Juvenile participation in research The department prohibits the use of youths for medical, pharmaceutical or cosmetic experiments. This does not preclude individual treatment of a youth based on his or her need for a specific medical procedure that is not generally available.

S. Notification of designated individuals

- 1. Notification of emergency**
Employees must promptly notify the parents or legal guardians of a youth who has a medical emergency, i.e.

serious illness, surgery, or injury. Notification must be documented in the youth's case recordings and in the program's daily log.

2. Notification of death

If a youth dies, employees must follow procedures outlined in DCS policy 20.29, *Death of Child/Youth or Department of Children's Services Employee*.

T. Health record files 1. Individual record

Each community residential facility must initiate a health record for each youth as they enter the facility and must maintain the record confidentially.

2. Contents:

- ◆ Completed receiving screening form
- ◆ Health appraisal data forms
- ◆ All findings, diagnoses, treatments, dispositions
- ◆ Prescribed medications and their administration
- ◆ Signature and title of documenter
- ◆ Consent and/or refusal forms
- ◆ Place, date, and time of health encounters
- ◆ Health service reports, e.g., dental, mental health, and consultations

3. Confidentiality

- a) Employees must ensure the confidentiality of youth health records by maintaining them in a secure area inaccessible to youth.
- b) Because each employee of the DCS community residential facility is an integral component of the "home-like" environment and, therefore, may need to know health information, employees may have access to youth health records, but the information must be otherwise kept confidential so as to protect the youth's privacy.
- c) Employees must maintain each youth's community residential facilities health record separate from other

records during the youth's placement at the community residential facility.

- d) When a youth is released from the community residential facility, employees must place the health record with the youth's program record(s) and hold them until his or her 22nd birthday. The file must then be expunged according to DCS Policy Chapter 9 and state law.

U. Transfer of records

Employees of a transferring facility must forward the health record to the receiving community residential facility with the youth. If a youth is transferred from a youth development center, the following forms must be included: CS-0100, *Health History/Report of Physical Examination* and the most recent *Dental Record*, form CS-0120, immunization record, and any other pertinent medical information.

Forms

CS-0100	Health History/Report of Physical Examination
CS-0120	Dental Record
CS-0206	Informed Consent to Routine Health Services For Minors
CS-0301	DCS Community Residential Facilities Health Screening
CS-0533	Medical Services For Certain Non-TennCare Eligible Children
CS-0593	Community Residential Facility Medication Distribution Record

Collateral Documents

None

Standards

None

Glossary

Term	Definition
ACA file	American Correctional Association files
BHO	Behavioral Health Organization

<i>Cardio-pulmonary resuscitation (CPR):</i>	A life saving procedure that includes the timed external compression of the anterior chest wall (to stimulate blood flow) by pumping the heart, and alternating with mouth-to-mouth breathing to provide with oxygen.
<i>EPSDT (Early Periodic, Screening, Diagnostic and Treatment Services)</i>	The preventive health care services provided under TennCare to children under 21. This is a required service under Federal Medicaid law and thus, is required in Tennessee's Managed Care Medicaid program that is known as TennCare. This benefit for children under 21 and is to insure that children have a comprehensive health program.
<i>FNC:</i>	Family Nurse Clinician
<i>MCO:</i>	Managed Care Organization. A system of health care delivery that influences utilization and cost of services and measures performance.
<i>MD:</i>	Medical Doctor.
<i>NP:</i>	Nurse Practitioner.
<i>Ophthalmic:</i>	Applies to the eyes.
<i>Oral:</i>	Given by mouth.
<i>OTC:</i>	Over-the-counter medications (nonprescription).
<i>Otic:</i>	Applies to the ear.
<i>PA-C:</i>	Physician Assistant Clinician.
<i>Provider:</i>	Trained medical, dental, or other health care professionals who have delivered or are delivering professional services.
<i>Topical:</i>	Applied externally